



COUNTY OF DANE
DEPARTMENT OF ADMINISTRATION

RISK MANAGEMENT

Room 425 City-County Building
210 Martin Luther King Jr. Blvd.
Madison, WI 53703-3342
608/266-4965
FAX 608/261-9753

TRAVIS MYREN
Department Administrator

DAN LOWNDES
Risk Manager

INSTRUCTIONS:

All county employees who drive a County-owned and/or personally-owned vehicles on official County business must complete this Agreement. Employees who choose not to sign this Agreement may **not** operate a County-owned and/or personally-owned vehicle to conduct official County business.

Completed forms are to be returned to the employee's immediate supervisor, then signed and forwarded to Risk Management. If any information provided on this form should change, it is the employee's responsibility to complete a new form and return it to their immediate supervisor then signed and forwarded to Risk Management.

DRIVER'S FULL NAME (include middle initial)	DRIVER'S LICENSE NO.	STATE (if not WI)
	DRIVER'S DATE OF BIRTH (mm/dd/ccyy)	
DRIVER'S CAR INSURANCE COMPANY AND POLICY NUMBER		

DRIVER'S WORK MAILING ADDRESS (P.O. box, floor, room, etc.)	DRIVER'S WORK STREET ADDRESS
DRIVER'S WORK CITY, STATE, ZIP +4	
AGENCY OR DEPARTMENT	DIVISION (no abbreviations or initials)
DRIVER'S WORK E-MAIL ADDRESS (provide supervisor's e-mail address if driver has no email access)	DRIVER'S WORK PHONE
	DRIVER'S WORK FAX

EMPLOYEE AGREEMENT:

I acknowledge that I have received and read a copy of the Dane County's Vehicle Usage Policy & Procedures, and that I understand the contents.

As a condition of my driving a County-owned and/or personally-owned vehicle on County business, I agree that Dane County Risk Management may check my driving record at least on an annual basis. I further agree to inform my supervisor whenever any negative change in the status of my driving record may occur (such as license revocation, restriction, or suspension). I understand that any negative change in the status of my driving record or the failure to report such change may result in the revocation of the privilege of driving a County owned or personally owned vehicle on official County business.

DRIVER'S SIGNATURE	DATE (mm/dd/yy)
SUPERVISOR'S SIGNATURE	DATE (mm/dd/yy)
SUPERVISOR'S NAME (please print or type)	EMAIL ADDRESS